

Emergency Pet Information Sheet

Owner Information: (Use the back of this form for temporary or additional information)

Owner's Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Emergency Pet Guardian Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Pet Information:

Pet's Name: _____ Sex: ☐ Male ☐ Female Date of Birth: _____

Species (Dog, cat, etc.) _____ Breed: _____

Distinctive Colorations/Markings/Feature: _____

Spayed/Neutered: ☐ Yes ☐ No City/County License #: _____

ID Microchip: ☐ Yes ☐ No Microchip Company and #: _____

Veterinarian Name: _____

Address: _____

Office Phone: _____ Emergency Phone: _____

Email: _____

Medical problems/conditions/allergies/care: _____

Medications: _____

Dietary care/feeding instructions: _____

Does this animal bite? ☐ Yes ☐ No Behavior or habits: _____

Recommended Attachments:

- ☐ Proof of vaccinations
- ☐ Important medical records/prescriptions
- ☐ Photos (face, side, angle, and with owners)
- ☐ City/County license information
- ☐ Pet medical insurance

A  D  T 
ANIMAL DISASTER TEAM